

SEATTLE FIRE DEPARTMENT FIREFIGHTER EMPLOYMENT PACKET

INSTRUCTIONS

The attached packet must be filled out completely and accurately. Any omissions may reflect on your consideration for employment. We will not collect attachments from the www.governmentjobs.com website. Any questions or updates should be forwarded to sfd.recruitment@seattle.gov or (206) 386-1472.

- ☐ Attach: driving record, copy of driver's license, HS/GED documentation, military DD214 form, resume.
- ☐ The Consent to Release Information form must be notarized. Notaries are available at most financial institutions.
- ☐ Completed packets should be received no later than **Thursday, March 31, 2016 at 4 PM**. Return completed packet via one of the following methods.

US Mail or hand delivery (M-F, 8:00AM-4:30PM):

Seattle Fire Department
301 2nd Ave S
Seattle, WA 98104

Fax: (206) 386-1412

Scan and email to: sfd.recruitment@seattle.gov

ACKNOWLEDGEMENT STATEMENT

I hereby certify that all information provided by me in this employment application for Seattle Firefighter, and all other additional documents provided by me in the course of applying for employment at the Seattle Fire Department, is truthful and accurate. I understand that if any information provided by me in this employment application or any other information provided by me in the course of applying for employment at the Seattle Fire Department is found to be false, untruthful, or misleading, that such will be cause for rejection of my application for employment. I further understand that if I am hired as an employee of the Seattle Fire Department and at any time thereafter it is discovered that any information provided by me in this employment application or any of the other information provided by me in the course of applying for employment at the Seattle Fire Department is found to be false, untruthful, or misleading, I will be subject to separation from employment.

I further understand that undergoing testing for the position of Firefighter does not constitute an offer of employment with the Seattle Fire Department, and that any offer of employment will be in writing from the Fire Chief.

Signature _____ Date _____

I am able to perform the essential job duties of this position with or without reasonable accommodation: ☐ Yes ☐ No

PERSONAL INFORMATION

Last _____ First _____ Middle _____

Alias/Maiden Name(s) _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EMT STATUS

- ☐ I have attached a copy of my current EMT certificate(s) ☐ Washington
☐ National Registry
☐ Other State

☐ Other EMT status: _____

For National Registry or Other State EMT certificate holders, please review reciprocity requirements online at <http://www.seattle.gov/fire/employment/documents/KCReciprocity.pdf>.

DRIVING RECORD

Contact your local Department of Motor Vehicles to request your driving record. Washington State residents may request records online at <http://www.dol.wa.gov/driverslicense/requestyourrecord.html>.

- ☐ I have attached a copy of my driving record.
☐ I have attached a copy of my driver's license.

List ALL moving violations. Do not list parking citations. Attach additional sheets as needed.

Date	City, State or Country	Charge	Enforcement Agency	Disposition

CRIMINAL RECORD

List ALL citations, arrests, indictments or convictions, other than traffic. Candidates will have the opportunity to discuss all potentially negative background information. Attach additional sheets as needed.

Date	City, State or Country	Details of arrest/offense/disposition

EDUCATION + EXPERIENCE

A copy of your high school diploma, official high school transcript, or GED certificate is required. If submitting official transcripts, they should be submitted in an envelope, sealed by the school.

☐ I have attached high school or GED documentation.

List any college or other education below. You may attach copies of any certifications and/or transcripts you wish to be considered. Attach additional sheets as needed.

School	City, State or Country	Course of Study	Years Attended	Degree/Certification Earned

List any attached certifications here:

Check all that apply:

☐ Fire Cadet/Explorer ☐ < 1 year ☐ 2-5 years ☐ > 5 years

☐ Volunteer Fire Experience ☐ < 1 year ☐ 2-5 years ☐ > 5 years

☐ Paid Fire Experience ☐ < 1 year ☐ 2-5 years ☐ > 5 years

☐ EMT ☐ < 1 year ☐ 2-5 years ☐ > 5 years

☐ Athletics - list sport and school or league below

☐ Construction/Skilled Trade - briefly describe below

☐ Community Service - list where and when below

MILITARY RECORD

If you serve(d) in the U.S. Armed Forces, indicate branch _____

Highest rank obtained _____ Dates _____

Veterans: ☐ I have attached a copy of my DD214 form (member 4 copy).

EMPLOYMENT HISTORY

☐ I have attached a copy of my current resume.

List any breaks in employment since the age of 18 and explain (e.g. school, layoff).

Date(s) _____

Reason for lack of employment _____

List ALL employers since the age of 18, including volunteer fire service experience. Attach additional sheets as needed.

Most Recent Employer _____ Date Hired _____ Date Left _____

If employer listed is a fire service employer, indicate if position held is ☐ Professional OR ☐ Volunteer

City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

Prior Employer _____ Date Hired _____ Date Left _____

If employer listed is a fire service employer, indicate if position held is ☐ Professional OR ☐ Volunteer

City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

Next Prior Employer _____ Date Hired _____ Date Left _____

If employer listed is a fire service employer, indicate if position held is ☐ Professional OR ☐ Volunteer

City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

Next Prior Employer _____ Date Hired _____ Date Left _____

If employer listed is a fire service employer, indicate if position held is ☐ Professional OR ☐ Volunteer

City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

EMPLOYMENT HISTORY – CONTINUED

Next Prior Employer _____ Date Hired _____ Date Left _____

If employer listed is a fire service employer, indicate if position held is ☐ Professional OR ☐ Volunteer

City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

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City _____ State _____

Phone _____ Email _____

Position _____ Supervisor _____

Reason for leaving _____

EMPLOYER REFERENCES

Present your five (5) most recent employers with one of the enclosed "Confidential Inquiry - Employer Reference" forms. Completed employer reference forms should be forwarded directly from your employer to the Seattle Fire Department by April 30, 2016.

PERSONAL REFERENCES

Present each of your personal references with one of the enclosed "Confidential Inquiry - Personal Reference" forms. Completed personal reference forms should be forwarded directly from your personal reference to the Seattle Fire Department by April 30, 2016.

Please do not use relatives as personal references. You may attach additional letters of recommendation for consideration.

Name _____ Email/Phone _____

City _____ State _____

Name _____ Email/Phone _____

City _____ State _____

Name _____ Email/Phone _____

City _____ State _____

MISCELLANEOUS

Please provide any additional information, excluding medical information, that your background investigator should be aware of:

ADDRESS HISTORY

List ALL residences since the age of 18. Attach additional sheets as needed.

[illegible]

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Seattle Fire Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Seattle Fire Department with any and all information that you have concerning me, including, without limitation, my work record, my background and reputation, my driving history, criminal history, including any arrest records and any information contained in investigatory files, my medical records, my psychological testing and analysis plus recommendation, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Seattle Fire Department. I request your cooperation in supplying this information to the Seattle Fire Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Seattle, its employees and the Seattle Fire Department from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Seattle Fire Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Seattle Fire Department.

Applicant's First, Middle and Last name (please print)

Date of Birth

Applicant's Signature

Date

Applicant's Current Address

Phone Number

Social Security Number

Driver's License number or State I.D. Number

Issuing State

Notary Public for the State of _____, County of _____

Subscribed and sworn to before me on _____ by _____

Signature _____

My commission expires _____

NOTE: A photocopy reproduction of this request shall be for all intents and purposes valid as the original.

CANDIDATE BACKGROUND INQUIRY RELEASE FORM

Instructions: All Fields Must Be Answered [1] Read Authorization, [2] Fill-In & Print Form [3] Sign & Date, [4] Return with Employment Packet to the Seattle Fire Department.

In connection with my application for employment, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior addresses verification, criminal history, driving history, consumer credit history, education verification, prior employment verification, reason(s) for termination of prior employment, and work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance, and experience, along with reason(s) for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, state, municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, as well as various other experiences.

I hereby authorize without reservation any company, agency, party, or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective employer, its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination.

Prospective Employer: **SEATTLE FIRE DEPARTMENT**

First Name:

Middle Name:

Last Name:

Also Known As [a.k.a.] and/or Maiden Name[s]:

Social Security Number: - - [format = 123-45-6789]

Date of Birth: / / [format = 00 / 00 / 0000]

Driver's License Number or ID Card & Issuing State:

Current [City or Town & State Only] Address:

Previous [City or Town & State Only] Address:

Candidate's Signature: _____

Date: / / _____



City of Seattle
Edward B. Murray
Mayor

CONFIDENTIAL INQUIRY – EMPLOYER REFERENCE

The person listed below is an applicant for Firefighter with the Seattle Fire Department. It is understood that you employ(ed) the applicant and have knowledge of this applicant's character and qualifications. The Seattle Fire Department relies upon employer references to assist in selecting personnel who meet our high standards.

All information provided will be held in the strictest confidence. We thank you in advance for your candid response to this request. A signed release form will be provided upon request.

If you have any questions, please call (206) 386-1472.

Please return reference by April 30, 2016 via US mail: **Seattle Fire Department, 301 2nd Ave S; Seattle, WA 98104**, or fax: **(206) 386-1412**, or email: **sfd.recruitment@seattle.gov**.

Applicant Name _____ Company _____

Position with company _____

Dates of employment _____

Primary duties _____

Why did he/she leave your employ? _____

Were you satisfied with his/her work? ☐ YES ☐ NO If no, please comment below.

Did he/she work well with others? ☐ YES ☐ NO If no, please comment below.

Was he/she honest and reliable? ☐ YES ☐ NO If no, please comment below.

Would you rehire this individual? ☐ YES ☐ NO If no, please comment below.

Additional Comments:

Signature _____ Date _____

Printed Name & Title _____

Harold D. Scoggins, Fire Chief
301 Second Avenue South
Seattle, WA 98104-2608

Tel (206) 386-1400
Fax (206) 386-1412
www.seattle.gov/fire

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Thank you in advance for your time and candid response.

Applicant Name: _____

Relationship to applicant: _____

Please comment on any of the following areas: physical ability and fitness regimen, ability to learn, ability to handle stress, temperament, integrity, and any other information that you feel would further qualify or disqualify this individual for the fire service.

Signature _____ **Date** _____

Printed Name _____

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